



Secretary of State

STATE BOARD OF REGISTRATION
FOR PROFESSIONAL ENGINEERS AND LAND SURVEYORS
237 Coliseum Drive
Macon, Georgia 31217-3858
(478) 207-2440

Reinstatement Application for Certificate of Authorization For Land Surveying

If the Certificate of Authorization for your firm has expired for more than a month, you may use this form to request reinstatement of the Certificate.

At its March 16, 2006 meeting, the State Board of Registration for Professional Engineers and Land Surveyors voted to assess a reinstatement fee of \$500 for delinquent firms.

Please remit a check or money order for \$500 made payable to the Professional Licensing Boards Division.

The individual, who is in responsible charge of the land surveying performed or offered to be performed in Georgia, must be currently licensed as a Georgia Land Surveyor and must sign the form. If the firm has branch offices, each branch must have a full-time Land Surveyor and must be listed on the form.

Please indicate the FEIN (Federal Identification Number) in the appropriate blank as this number will be used for renewal purposes.

Faxed applications will not be accepted.

Mail the application and fee to: Georgia Board of PELS
P O Box 13446
Macon, GA 31208

Fees associated with a Certificate of Authorization:

Initial registration: No Fee
Biennial Renewal (June 30 of even-numbered years): \$10
Reinstatement of Lapsed Certificate: \$500

Application is hereby made for the **REINSTATEMENT** of the certificate of authorization to practice or offer to practice **land surveying** in Georgia as defined in Chapter 15 of Title 43 of the Official Code of Georgia.

Legal Name of Business:

FEIN:

DBA (If applicable):	Expired Certificate #:	Expiration Date:

Physical Address of Principle Place of Business:

Street:		Suite:
City:	State:	Zip:
Contact e-mail:	Telephone # ()	
<i>Mailing Address (if different than physical address):</i>		
Street or PO Box:		
City:	State:	Zip:

Are surveying services being offered or performed in Georgia based out of the principle place of business?

_____ YES _____ NO

If NO, then skip to next page regarding Branch offices.

If yes, then list below the Georgia PE who is based out of the principle place of business and will be primarily responsible for surveying services offered by this firm in Georgia.

Name:	Georgia LS #:	
LS's Physical Home Address: Street:	Is this LS a full time W-2 employee at this firm?	____ YES ____ NO
City: State: Zip:	How many hours a day does this LS spend in the office?	____ hrs.
	How many days a week does this LS spend in the office?	____ days
Is this LS's license currently active in GA? _____ YES _____ NO	Approximately how many miles is this LS's home from the office?	____ mi.

Please be advised that for each office location (principle place of business and/or branch office) where land surveying services are being offered or performed for projects in Georgia, there must be a full-time, continuing, bona fide Georgia licensed Land Surveyor working at that location and in responsible charge.

If the firm does not have branch offices, then skip this page and do not send it with the application.

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Street:		Suite:	
City:		State:	Zip:
Contact e-mail:		Telephone # ()	
<i>Mailing Address (if different than physical address):</i>			
Street or PO Box:			
City:		State:	Zip:

Name:	Georgia LS #:	
LS's Physical Home Address: Street:	Is this LS a full time W-2 employee at this firm?	___YES ___NO
City: State: Zip:	How many hours a day does this LS spend in the office?	___hrs.
	How many days a week does this LS spend in the office?	___days
Is this LS's license currently active in GA? ___YES ___NO	Approximately how many miles is this LS's home from the office?	___mi.

List below other Georgia Land Surveyors in the firm who are full time, continuing, bonafide and active principals, officers, partners or individuals acting on behalf of the business (use additional sheets, if necessary.) *Leave out of application if this page is not necessary.*

Name:	Georgia LS #:	
LS's Physical Home Address: Street:	Is this LS a full time W-2 employee at this firm?	___ YES ___ NO
City: _____ State: _____ Zip: _____	How many hours a day does this LS spend in the office?	___ hrs.
Does this LS primarily work in the principle place of business or a branch office?	How many days a week does this LS spend in the office?	___ days
If branch, which one?	Approximately how many miles is this LS's home from the office?	___ mi.

Name:	Georgia LS #:	
LS's Physical Home Address: Street:	Is this LS a full time W-2 employee at this firm?	___ YES ___ NO
City: _____ State: _____ Zip: _____	How many hours a day does this LS spend in the office?	___ hrs.
Does this LS primarily work in the principle place of business or a branch office?	How many days a week does this LS spend in the office?	___ days
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City: _____ State: _____ Zip: _____	How many hours a day does this LS spend in the office?	___ hrs.
Does this LS primarily work in the principle place of business or a branch office?	How many days a week does this LS spend in the office?	___ days
If branch, which one?	Approximately how many miles is this LS's home from office?	___ mi.

List below the name, residence address and title of each of the officers, board of director members, partners and/or principals for the corporation, Professional Corporation, partnership, association, or other entity making this application. For each such person list his/her current Georgia Land Surveyor registration number, if any.

Name & Address	Title	Georgia LS #, if applicable:

Certification: I, _____, as a currently active Georgia registered land surveyor
Print Your Name
and authorized to act on behalf of _____, hereby certify that the
Print Company Name
statements made herein and attached hereto as part of this application are true and correct as of this date and any change will be filed with the State Board of Registration for Professional Engineers and Land Surveyors within 30 days of the effective date of the change.

Signature Title GA LS#

Date of Application: _____

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